



Tier II Plan
Division of Underground Storage Tank Management

UST Permit #: _____ County: _____ Facility Name: _____

Facility Address: _____

Responsible Party: _____ Address: _____

No. USTs: _____ Removed? _____ (date) Replaced? _____ (date)

Current use of facility/property: _____

Current property owner name: _____

Current property owner address: _____

Field Screening Methodology

Specify the field screening methodology to be used. The use of field screening methods to optimize the number and location of permanent wells is required.

Permanent Monitoring Wells (estimate number and total completed depth)

of shallow wells: _____ Total depth: _____

of deep wells: _____ Total depth: _____ (if necessary)

Comments, if warranted: _____

Analyses

List the analytical parameters (e.g., BTEX, MTBE) and estimated number.

Implementation Schedule

Start up date: _____ Completion date: _____

Report submittal date: _____

UST Permit #: _____ Facility Name: _____

Site Maps

1. Attach a copy of the relevant portion of the USGS topographic map showing the site location.
2. Prepare a site base map. This map must be accurately scaled, but does not need to be surveyed. The map must include the following:

North arrow	Legend with facility name and address, UST Permit number, date, and a bar scale
Location of property lines	Streets or highways (indicate names and numbers)
Location of buildings	Identification of located buildings
Paved areas on or adjacent to site	Location of all present and former ASTs and USTs
Previous soil sampling locations	Underground and above ground utilities on or adjacent to site
Previous monitoring well locations	Location of any other potential receptor

Aquifer Characterization (check one and provide explanation for choice)

Pump test: _____ Slug tests: _____

Small Volume Disposal Type and Method

Soil: _____

Purge water: _____

Additional comments: _____
